

## FEEDING ASSISTANT REGISTRATION APPLICATION

### PURPOSE

This application is submitted to the Oklahoma State Department of Health to register a person as a feeding assistant in compliance with the requirement of:

- Oklahoma law at Title 63 of the Oklahoma Statutes, Section 1-1951(F)
- The Oklahoma Administrative Code for Nursing and Specialized Facilities at OAC 310-675-19, and
- Federal Regulations at 42 CFR parts 483 and 488

### Applicant Information

E-mail Address \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

First \_\_\_\_\_

MI \_\_\_\_\_

Last \_\_\_\_\_

Suffix (Jr., II, III) \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

### Training Information

Attach a Copy of the signed Certificate of Completion showing the hours completed and curriculum.

Curriculum Taught:

- ☐ Eating Matters: A Training Manual for Feeding Assistants, by the American Dietetic Association, 2003 Ed.
- ☐ Assisted Dining: The Role and Skills of Feeding Assistants, by the American Health Care Association, 2003 Ed.

By my signature below, I affirm that this application and the attached certificate are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Nurse Aide

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

☐ Initial Feeding Assistant \$10 OAC 310:675:19-6(C)

**NOTE:** Fee submitted is **NON-Refundable**

Total Enclosed \$ \_\_\_\_\_

**Please mail with payment to:** Oklahoma State Department of Health, Nurse Aide Registry, P.O. Box 268816, Oklahoma City, OK 7316-8816

**\*\*If payment is made in person at OK St. Dept. of Health, please make payment at receipts window on first floor. \*\***

**AFFIDAVIT OF LAWFUL PRESENCE BY PERSON  
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

☐ I am a United States citizen.

OR

☐ I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States.

Write the identification number and the name of the authorizing document below.

**ATTACH A COPY OF THE FRONT AND BACK OF AUTHORIZING DOCUMENT**

Admission/Registration #: \_\_\_\_\_

Authorizing Document: \_\_\_\_\_

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date \_\_\_\_\_

Signature \_\_\_\_\_

City & State \_\_\_\_\_

Print Name \_\_\_\_\_

If applying to renew a license, permit, or certificate, please write the number: \_\_\_\_\_  
Current license, permit, or certificate #

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY  
PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

**The person signing this form must read these instructions carefully.**

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"
3. Write the identification number in the space provided after "*Admission/Registration #*" and write the name of the authorizing document in the space provided after *Authorizing Document*. For example, INS Form I-551 or INS Form I-94.
4. The person signing this form should write today's date in the space provided; write the city and state where they are located when they sign this form; sign their name in the space provided for signature; and print their name in the space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.